

Jonathan M. Blanchard, Ph.D.

Signature \_\_\_\_\_

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**For: Hypodermic Needle**

Group Art Unit No. 3763

Transmitted herewith is:

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Credit Card Form  |
| <input checked="" type="checkbox"/> | Petition for Two Month Extension of Time (in duplicate) |
| <input checked="" type="checkbox"/> | Amendment and Request for Reconsideration               |
| <input checked="" type="checkbox"/> | Change of Correspondence Address                        |
| <input type="checkbox"/>            | No additional fee is required.                          |
| <input type="checkbox"/>            | The fee has been calculated as shown below:             |

						Small Entity		or	Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously	Present Extra		Rate	Addit. Fee		Rate	Addit. Fee
Total	25	Minus	20	5		x 9 =	\$ 45		x 18 =	\$ 0
Indep.	5	Minus	4	0	Q	X 42 =	\$ 42		x 86 =	\$ 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claim						x 140 =	\$		x 290 =	\$ 0
Total Additional Fee							\$87		Total	\$ 0

- ☒ The Commissioner is hereby authorized to charge any fees associated with this communication not covered by check or credit card payment or credit any overpayment to Deposit Account No. 50-3123. A duplicate copy of this sheet is attached.

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